

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	MTW	50	11-25-00
FORMALITY REVIEW	Zm	927	01-05-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	12 11
1	05 19
2	02 02
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
9	✓ ✓
10	✓ ✓
11	✓ ✓
12	✓ ✓
13	✓ ✓
14	✓ ✓
15	✓ 0
16	✓ ✓
17	✓ ✓
18	✓ ✓
19	✓ ✓
20	✓ ✓
21	✓ ✓
22	✓ ✓
23	✓ ✓
24	✓ ✓
25	✓ ✓
26	✓ ✓
27	✓ ✓
28	✓ ✓
29	✓ ✓
30	✓ 0
31	✓ ✓
32	✓ ✓
33	✓ ✓
34	✓ ✓
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36	✓ ✓
37	✓ ✓
38	✓ ✓
39	✓ ✓
40	✓ ✓
41	✓ ✓
42	✓ ✓
43	✓ ✓
44	✓ ✓
45	✓ 0
46	✓ ✓
47	✓ ✓
48	✓ ✓
49	✓ ✓
50	✓ ✓

Claim	Date
Final Original	12 11
51	05 19
52	02 02
53	✓ ✓
54	✓ ✓
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56	✓ ✓
57	✓ ✓
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Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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